



Service Request (SR) Process Guide for Integrated Care Organizations (ICOs)

This guidance was last updated on August 26, 2019.

Guidance will be reviewed and updated accordingly as new issues are identified.

TABLE OF CONTENTS

TABLE OF CONTENTS	2
INTRODUCTION	3
KEY CONTACTS	4
ADDITIONAL RESOURCES	4
ENROLLMENT SYSTEMS AND FILES	5
PERMANENT DISCREPANCY	6
ACRONYMS FOR MI HEALTH LINK	7
MI HEALTH LINK CHAMPS PET CODE DESCRIPTIONS	8
ACCESS TO CARE	9
ICO-HCBS	10
ICO-PERSONAL CARE ISSUE	16
ICO-HOSPICE	22
ICO-MHLO	28
ICO-NURSING HOME	34
ICO-OUT OF SERVICE AREA	41
ICO-INCARCERATION	48
ICO-DISCREPANCY	55

INTRODUCTION

To track and monitor enrollment related issues and system discrepancies for the MI HEALTH LINK (MHL) Program, ICOs (Integrated Care Organizations) will be responsible for submitting Service Requests (SRs) to the Michigan Department of Health and Human Services (MDHHS) for all enrollment related issues as described in the following process guidance. Because this is an integrated program and two separate systems are utilized for enrollment; there are times that the systems (CHAMPS and MARx) do not match. These issues need to be submitted to MI HEALTH LINK as an SR for research, review, and resolution by the MHL Enrollment Staff. Please note, it is the ICO's responsibility to assure SRs are submitted timely and accurately to prevent workload backlogs and duplication. MDHHS will prioritize access to care issues and will process all other SRs based on the Reason Code used and overall impact.

ICO Medicaid Liaisons should work with Laura Hinman (MDHHS – SIEBEL Administrator; HinmanL2@Michigan.gov) to obtain access to the CRM/SIEBEL CRM Application for the end-users who will be responsible for submitting SRs on behalf of your organization. If you do not have access to Siebel CRM, CHAMPS and/or MARx, please contact your organization's liaison for assistance in requesting access prior to submitting SRs per the instructions in the Introduction Section. End-users must also have access to the Community Health Automated Medicaid Processing System (CHAMPS) and MARx to be able to properly research issues prior to submitting SRs to MDHHS.

Please **do not** send SRs for service dates over one (1) year old (CMS will not allow action over 12 months.) Please **do not** send more than one SR to MDHHS for the same issue or to check on the status of your original SR. Doing so will inundate the MI HEALTH LINK queue with duplicate SRs and may create delays in processing. MDHHS will return all duplicate SRs, as well as SRs that were not completed properly, back to the sender which may also cause delays in processing. Any changes made by MDHHS when processing SRs will be reflected on your DTRR and/or 834 files.

KEY CONTACTS

For **technical assistance** with the SIEBEL CRM System, please email Laura Hinman (HinmanL2@Michigan.gov).

If you have **questions about this service request process guidance**, please email IntegratedCare@Michigan.gov.

If you have **general enrollment discrepancy questions**, please email MDHHS-MHL-SR-ASSISTANCE@michigan.gov

ADDITIONAL RESOURCES

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPEnrollment.html>

https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual_CY2019_08022018.pdf

The resource link directly above will take you to the National Enrollment/Disenrollment Guidelines that must be followed by MI HEALTH LINK and ICO'S.

ENROLLMENT SYSTEMS AND FILES

CHAMPS –This system should be used to confirm a beneficiary’s *Medicaid* enrollment status. Access to CHAMPS must be granted by MDHHS.

MARx – This system should be used to confirm a beneficiary’s *Medicare* enrollment status. Access to MARx must be granted by CMS.

ICOs also receive daily and/or monthly files from both MDHHS and CMS with member level enrollment data. ICOs should use the following files to verify eligibility prior to submitting SRs:

- **834 files:** MDHHS sends daily (5721) and audit/monthly (5705) 834 files directly to ICOs containing member level enrollment data. ICOs may use this information to update their systems.
- **DTRR files:** CMS sends daily DTRR files to ICOs containing member level enrollment data. This information should be used by the plan to reconcile enrollment information regularly and used to update their systems.

Manual changes made by MDHHS and CMS when processing SR’s will be reflected on your DTRR and/or 834 files. MHL will also continue to return duplicate SR’s to the Plan for tracking purposes.

Please resubmit the ORIGINAL SR after 45 days from the date of resolution if the noted action has not been taken. MHL staff will escalate the action to the appropriate area. Please add to the top of the Description box- “Not resolved per SOP” with your initials and date resubmitting to MHL Queue.

Please be sure you have done the proper research in CHAMPS, MARx, and your enrollment files PRIOR to creating an SR.

PERMANENT DISCREPANCY

CMS has given clarification regarding when it is appropriate to document a case as a permanent discrepancy. Such cases will be documented as “Per CMS National Enrollment and Disenrollment Guidance 40.2.3.; this will remain a permanent discrepancy.”

Instances that may be documented as a permanent discrepancy include but are not limited to:

- Incarcerations (ends day prior to admission in CHAMPS and last day of the month in MARx)
- State Psych (ends day prior to admission in CHAMPS and last day of the month in MARx)
- VA Home (ends day prior to admission in CHAMPS and last day of the month in MARx)

Example: CHAMPS ended 06/02/2019 and MARx ended 06/30/2019 (these scenarios end in CHAMPS the day prior to admission but the last day of the month in MARx.) This type of permanent discrepancy will have a date within the month that MARx ends the last day of the month.

- Date of Death (is actual date of passing in CHAMPS but last day of the month in MARx.)

Example: CHAMPS ends the DOD and MARx ends the last day of the month of the DOD.

- Timely Medicaid loss when notified late by Bridges

Example: CHAMPS ended 05/31/2018 and MARx will end the last day of the month MHL is notified of the change such as 06/30/2019. This type of permanent discrepancy can be retro many months in CHAMPS and end prospectively in MARx.

Note: CHAMPS deeming end date that matches with MARx end date is technically aligned and is not considered a discrepancy.

The MARX and CHAMPS systems will remain out of sync as a permanent discrepancy for any member where 40.2.3. was referenced in the SR response. ICOs are expected to cover all MI Health Link services for individuals who are active in at least one of the two systems (i.e. MARx or CHAMPS) per current guidance during discrepant timeframes.

ACRONYMS FOR MI HEALTH LINK

- CHAMPS- Community Health Automated Medicaid Processing System (State of Michigan Enrollment System)
- CMCf-County Medical Care Facility
- CRM-Customer Relationship Management
- DOD-Date of Death
- DTRR-Daily Transaction Reply Response
- HCBS-Home and Community Based Services
- HICN-Health Insurance Claim Number (generally Social Security number)
- ICO-Integrated Care Organization
- ICRC- Integrated Care Resource Center
- MARx-Medicare Advantage Prescription Drug System (Center for Medicare Enrollment System)
- MBI-Medicare Beneficiary Identification (A unique, auto-generated beneficiary ID used by Medicare)
- MDHHS-Michigan Department of Health and Human Services
- MHL-MI HEALTH LINK
- MHLO-MI HEALTH LINK Ombudsman
- MMP-Medicare-Medicaid Plan
- NF-Nursing Facility
- OOSA-Out of Service Area
- PET-Program Enrollment Type
- SR-Service Request
- VA-Veteran Affairs

MI HEALTH LINK CHAMPS PET CODE DESCRIPTIONS

<u>PET CODE</u>	<u>PET Code Description</u>
ICO-COMM	MI Health Link Beneficiary living in the community; often referred to as “community well”
ICO-NFAC	MI Health Link beneficiary residing in a private Nursing Facility
ICO-CMCF	MI Health Link beneficiary residing in County Medical Care Facility (CMFC; Public Nursing Facility)
ICO-HCBS	MI Health Link beneficiary receiving C-Waiver (Home and Community Base) Services in the community
ICO-HOSH	MI Health Link beneficiary receiving Hospice service at home
ICO-HOSW	MI Health Link beneficiary receiving C-Waiver (Home and community Based) Services in the community and Hospice services at home concurrently
ICO-HOSN	MI Health Link beneficiary receiving Hospice services in a Nursing Facility
ICO-HOSC	MI Health Link beneficiary receiving Hospice Services in a County Medical Care Facility (CMCF)
ICO-HOSR	MI Health Link beneficiary receiving Hospice services in a Hospice Residence Facility

ACCESS TO CARE

ICO's are required to cover services in the event of a discrepancy between MARx and CHAMPS until the discrepancy has been resolved to avoid access to care issues. Inability to schedule an appointment for a needed surgery would be an access to care issue if the surgery is an immediate need. Please note that the Plan is required to remove all barriers in assisting the member to obtain needed services.

Examples of Access to Care issues as well as required information for the SR documentation should include the following:

- 1) Beneficiary is out of medication(s) requires the ICO to provide the following information in the SR:
 - a) The name of the medication
 - b) The name of the Pharmacy
- 2) Beneficiary is currently at pharmacy waiting for a prescription requires the ICO to provide the following information in the SR:
 - a) The name of the medication
 - b) The name of the Pharmacy
- 3) Having a scheduled appointment requires the ICO to provide the following information in the SR:
 - a) The name of the DR.
 - b) What the appointment is for
 - c) When the appointment is
- 4) Transportation being denied to an appointment requires the ICO to provide the following information in the SR:
 - a) What the appointment is for
 - b) When the appointment is
- 5) Being refused to be seen at the doctor (that day and is in office) requires the ICO to provide the following information in the SR:
 - a) The name of the DR.
 - b) What the appointment is for
 - c) When the appointment is

Example: John Smith is **waiting at the pharmacy** for his prescription and his insurance is denied. John calls his health plan and the health plans determines there is a discrepancy with his enrollment. The health plan should immediately remove barriers for this member to receive their medication, and subsequently submit a Service Request to MDHHS for immediate resolution.

ICO-HCBS

Any case where an enrollee is currently receiving Home and Community Based Services (HCBS) and there is an enrollment discrepancy between CHAMPS and MARx.

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

The screenshot shows a form titled "Facility" and "Plan". The "Facility" section includes fields for NPI#, Business Name, Facility Provider Id, Fac Provider Type, Fac Specialty, and Fac Sub-Specialty. The "Plan" section includes fields for Business Name and Plan Provider Id. A red arrow points to the query button (a magnifying glass icon) next to the Business Name field in the Plan section, with the text "Click here" written in red above it.

Action 2 (Enter Plan Provider ID):

Example:

The screenshot shows a "Pick Plan" dialog box. It has a search bar at the top with a "Business Name" dropdown and a "Query" button. Below the search bar is a table with the following columns: Business Name, Plan Prov, Business, Start Date, and End Date. The table contains one row with the value "1112233" in the "Plan Prov" column. At the bottom right of the dialog box is a "Cancel" button.

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE

Reason: ICO-HCBS

Origin: HEALTH PLAN

Origin Format: REPORT

Priority: NORMAL

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-HCBS ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

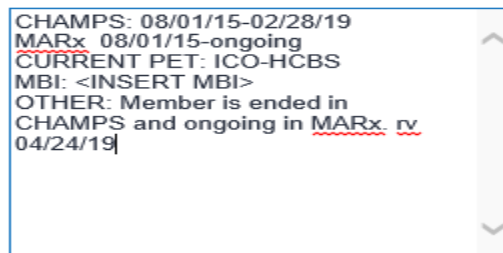
MBI: <MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:



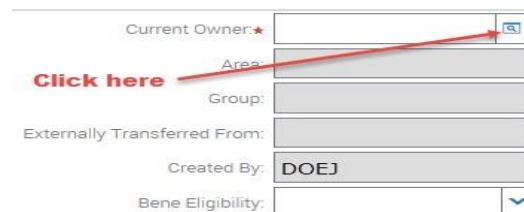
CHAMPS: 08/01/15-02/28/19
MARx 08/01/15-ongoing
CURRENT PET: ICO-HCBS
MBI: <INSERT MBI>
OTHER: Member is ended in
CHAMPS and ongoing in MARx. rv
04/24/19


Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last name = QUEUE; First name = MIHEALTHLINK.) Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:




Current Owner:★ 

Click here → Area:

Group:

Externally Transferred From:

Created By:


Bene Eligibility: 

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

Click here

 ✕ ▼ ➔ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

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OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕ ▼ ➔ Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏮ ⏭ ⏪ ⏩



Cancel


Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner



 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

OK

Cancel




ICO-PERSONAL CARE ISSUE

Any non-HCBS case where the beneficiary is being provided personal care services and there is a discrepancy between CHAMPS and MARx.

Only fill out the following portions of the SR:


Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

Facility

NPI#:

Business Name:

Facility Provider Id:

Fac Provider Type:

Fac Specialty:

Fac Sub-Specialty:

Plan

Business Name:

Plan Provider Id:

Click here

Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

Business Name

Enter Query.

Business Name	Plan Provider Id	Business Start Date	End Date
	1112233		

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE
Reason: ICO-PERSONAL CARE ISSUE
Origin: HEALTH PLAN
Origin Format: REPORT
Priority: NORMAL
Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information

Type:★	ADMINISTRATIVE CHAI	▼
Reason:★	ICO-PERSONAL CARE I	▼
Origin:★	HEALTH PLAN	▼
Origin Format:★	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status:★	OPEN	▼

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

PERSONAL CARE ISSUE

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

MBI: <Insert MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

PERSONAL CARE ISSUE
CHAMPS: 08/01/15-ongoing
MARx: 08/01/15-03/31/2019
MBI: <MBI>
OTHER: CHAMPS shows enrollment
but MARx does not.
rs 04/24/19

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last name = QUEUE; First name = MIHEALTHLINK.) Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:

Current Owner:★ 

Click here → Area:

Group:

Externally Transferred From:


Created By:


Bene Eligibility: 

Action 2 (Click on the magnifying glass to query for a user):


Example:


Pick Current Owner ✕

Click here → 

Last Name × ▼  1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		





Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕

Last Name

▼

➔

Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

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Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍

Last Name

▼

➔

1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

<
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⏩

OK

Cancel




ICO-HOSPICE

Any case where an enrollee is currently receiving hospice services and there is an enrollment discrepancy between CHAMPS and MARx.

Only fill out the following portions of the SR:


Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SR's so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:


Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 


Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):


Example:

Facility

NPI#: 


Business Name: 


Facility Provider Id:

Fac Provider Type: 

Fac Specialty:

Fac Sub-Specialty:

Plan **Click here** 



Business Name: 

Plan Provider Id:





Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

 Business Name  Enter Query.

Business Name	Plan Provider ID	Business ID	Start Date	End Date
	1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>

Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE
Reason: ICO-HOSPICE
Origin: HEALTH PLAN
Origin Format: REPORT
Priority: NORMAL
Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-HOSPICE ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists: <input type="checkbox"/>	

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

CURRENT PET: <Insert PET>

MBI: <Insert MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

CHAMPS: 08/01/15-02/28/19
MARx: 08/01/15-ongoing
CURRENT PET: ICO-HOSN
MBI: <Insert MBI>
OTHER: Member is ended in
CHAMPS and ongoing in Marx.
ig 04/24/19

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:


Current Owner:★	<input type="text"/>	<input type="button" value="🔍"/>
Click here	Area:	<input type="text"/>
	Group:	<input type="text"/>
	Externally Transferred From:	<input type="text"/>
	Created By:	DOEJ
	Bene Eligibility:	<input type="text"/> <input type="button" value="v"/>

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

Click here

 ✕ ▼ ➔ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

< > ⏮ ⏭ ⏪ ⏩

OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕ ▼ ➔ Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏮ ⏭ ⏪ ⏩

Cancel

Action 4 (Select the correct user and click 'OK')

Example:

Pick Current Owner ✕

Last Name 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< > ⏪ ⏩ ⏴ ⏵




ICO-MHLO

Any case that the plan receives from the MI Health Link Ombudsman that requires enrollment assistance.

Only fill out the following portions of the SR:


Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:


Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 


Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):


Example:

Facility

NPI#: 


Business Name: 


Facility Provider Id:

Fac Provider Type: 

Fac Specialty:

Fac Sub-Specialty:

Plan **Click here** 




Business Name: 

Plan Provider Id:

Action 2 (Enter Plan Provider ID):





Example:

Pick Plan

 Business Name  

Enter Query.

Business Name	Plan Provider ID	Business ID	Start Date	End Date
	1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE

Reason: ICO-MHLO

Origin: HEALTH PLAN

Origin Format: REPORT

Priority: NORMAL

Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:★	ADMINISTRATIVE CHAI
Reason:★	ICO-MHLO
Origin:★	HEALTH PLAN
Origin Format:★	REPORT
MH/SA TOS:	N/A
Priority:	NORMAL
Status:★	OPEN
Attachment Exists:	<input type="checkbox"/>

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

CURRENT PET: <Insert PET>

MBI: <Insert MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

CHAMPS: 08/01/15-02/28/19
MARx:08/01/15-ongoing
CURRENT PET: ICO-HCBS
MBI: <Insert MBI>
OTHER: Member is ended in
CHAMPS and ongoing in Marx.
Complaint received from MHLO
04/18/19.
ig 04/24/19

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:


The screenshot shows a form with several fields. The 'Current Owner' field is highlighted with a red star and a red arrow pointing to a query button (magnifying glass icon). Below it are fields for 'Area', 'Group', 'Externally Transferred From', 'Created By' (with the value 'DOEJ'), and 'Bene Eligibility'. A red arrow points from the text 'Click here' to the 'Area' field.

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

Click here

 ✕ ▼ ➔ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

< > ⏪ ⏩

OK Cancel

Action 3 (Type in the User ID):

Example:

Pick Current Owner ✕

➔ ✕ ▼ ➔ Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏪ ⏩

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

Last Name 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< > || << >> ||

ICO-NURSING HOME

Any case where an enrollee is currently receiving nursing home care and there is an enrollment discrepancy between CHAMPS and MARx. This includes requests for disenrollment from the ICO when an enrollee begins receiving services in a State Veterans (VA) Home. (Enrollees may be admitted to a State VA home following a hospitalization, or they may elect to receive services in a State VA home. Both instances require disenrollment from MI Health Link.)




Note: The State of Michigan requires Nursing Homes to submit an electronic Facility Admission Notice Form (MSA-2565-C) in CHAMPS to trigger the PET Code changes for enrollees receiving services in Nursing Homes (ICO-NFAC) or CMCF's (ICO-CMCF.) MHL staff is unable to update PET Codes without an MSA-2565-C on file.

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)


Example:

Individual

Member Id:	1234567890	
Last Name:	DOUGH	
First Name:	JANE	
SSN#:	987654321	
MI Child Id:		
Date of Birth:	1/1/1911	





Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.


Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

Step 3: Plan Information - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Example:

Facility	
NPI#:	<input type="text"/> 
Business Name:	<input type="text"/> 
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/> 
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	<input type="text"/> 
Plan Provider Id:	<input type="text"/>

Click here 

Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

Business Name

Enter Query.

Business Name	Plan Provider ID	Business	Start Date	End Date
	1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	
Business Name:	
Facility Provider Id:	
Fac Provider Type:	
Fac Specialty:	
Fac Sub-Specialty:	

Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE
Reason: ICO-NURSING HOME
Origin: HEALTH PLAN
Origin Format: REPORT
Priority: NORMAL
Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-NURSING HOME ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists:	<input type="checkbox"/>

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

CURRENT PET: <Insert PET>

MBI: <Insert MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

CHAMPS: 08/01/15-ongoing
MARx:08/01/15-03/31/2019
CURRENT PET: ICO-NFAC
MBI: <Insert MBI>
OTHER: Member is ended in
CHAMPS and ongoing in Marx.
ig 04/24/19

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:

Current Owner:★

Area:

Group:

Externally Transferred From:

Created By:DOEJ

Bene Eligibility:


Click here

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

Click here

 ✕ ▼ ➔ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

< > ⏮ ⏭

OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕ ▼ ➔ Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏮ ⏭

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

Last Name 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< ▢ ◀ ▶ ▢ >

ICO-OUT OF SERVICE AREA

Any case where a beneficiary or guardian reports the beneficiary is no longer residing in the MI HEALTH LINK service area. These cases usually arise as access to care cases when a beneficiary is attempting to receive services in a different state.



ONLY use this SR type and reason to inform the State of Michigan when you have been notified by a source **OTHER THAN the DTRR** that a beneficiary is no longer living in the Plan's service area. The other source **must be** either the **MEMBER or DOCUMENTED GUARDIAN** who has verified an address change. If you first identify an OOSA issue via the DTRR and later verify the information through another source, you SHOULD submit an SR following this guidance.

Note: MDHHS cannot disenroll a member from an ICO plan unless they have been out of service areas for more than six (6) consecutive months. ICOs need to list the attempted contact dates and responses in the SR submitted. If the address on file is that of a guardian, representative payee, nursing home, or other temporary (i.e. hospital or rehab unit), DO NOT SUBMIT AN SR.

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.


Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG x

Step 3: Plan Information - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	Click here 
Business Name:	<input type="text"/>
Plan Provider Id:	<input type="text"/>

Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

Business Name [v] [Enter Query]

Business Name	Plan Provider ID	Business Name	Start Date	End Date
	1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#: [] [v]

Business Name: [] [v]

Facility Provider Id: []

Fac Provider Type: [] [v]

Fac Specialty: []

Fac Sub-Specialty: []

Plan

Business Name: MI Health Link Plan [v]

Plan Provider Id: 1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE
Reason: ICO-OUT OF SERVICE AREA
Origin: HEALTH PLAN
Origin Format: REPORT
Priority: NORMAL
Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information		
Type:★	ADMINISTRATIVE CHAI	▼
Reason:★	ICO-OOSA	▼
Origin:★	HEALTH PLAN	▼
Origin Format:★	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status:★	OPEN	▼

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS ENROLLMENT: dd/mm/yy- dd/mm/yy

MARx ENROLLMENT: dd/mm/yy- dd/mm/yy

MBI: <MBI>

SOURCE OF INFORMATION: <Who notified ICO of the address change? How did you learn of the new address; include date of information receipt>

DATE OF ADDRESS CHANGE: <Insert effective date of address change>

INFORMATION VERIFIED: <Insert name of individual who verified information and date information was verified. This person must be either the MEMBER or the DOCUMENTED GUARDIAN. Also insert both the beneficiary's old and new addresses when available.>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

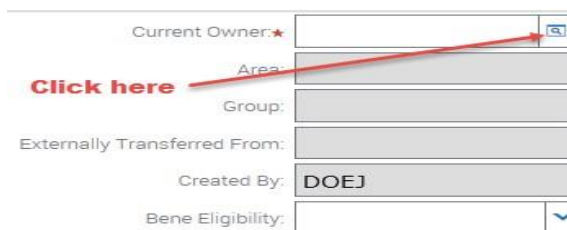
CHAMPS: 08/01/15-ongoing
MARx:08/01/15-ongoing
MBI: <Insert MBI>
OTHER: Member reported move to
54434 Kansas St., Kansas City, MO
Date of Address Change: 04/01/2019
INFORMATION VERIFIED: Member
called -old address: 873 Hideaway Ln.,
Marquette, MI. New address : 54434
Kansas St., Kansas City, MO |
jq 04/24/19

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

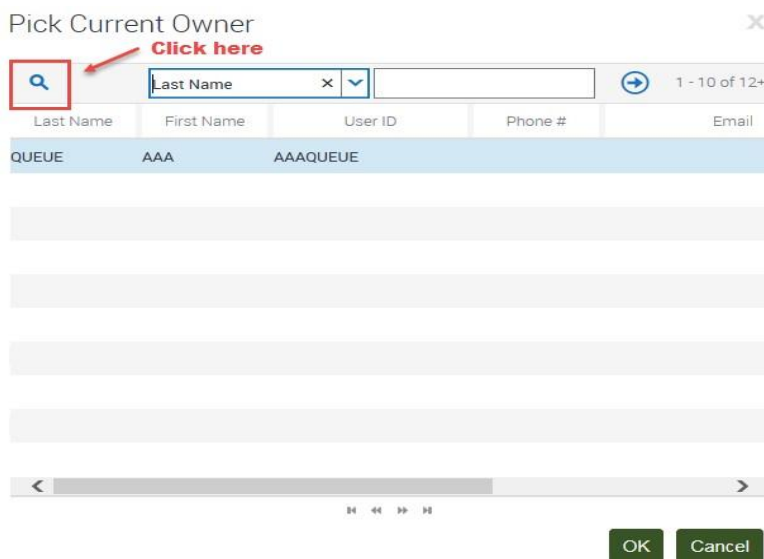
Example:



A screenshot of a web form titled 'Current Owner'. It contains several input fields: 'Current Owner' (with a red star icon), 'Area', 'Group', 'Externally Transferred From', 'Created By' (containing 'DOEJ'), and 'Bene Eligibility'. A red arrow points from the text 'Click here' to a magnifying glass icon in the top right corner of the 'Current Owner' field.

Action 2 (Click on the magnifying glass to query for a user):

Example:



A screenshot of a 'Pick Current Owner' dialog box. It features a search bar with a magnifying glass icon (highlighted by a red box and arrow) and a 'Click here' label. Below the search bar is a table with columns: Last Name, First Name, User ID, Phone #, and Email. The first row of the table is highlighted in blue and contains the text: QUEUE, AAA, AAAQUEUE. Below the table is a pagination bar showing '1 - 10 of 12+' and navigation arrows. At the bottom right are 'OK' and 'Cancel' buttons.

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➡ ✕ Last Name ▼ ➡ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏮ ⏪ ⏩ ⏭

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍 Last Name ▼ ➡ 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< > ⏮ ⏪ ⏩ ⏭

OK Cancel

ICO-INCARCERATION

Any case where the plan is notified that the beneficiary is incarcerated by a source other than the DTRR.

NOTE: DO NOT submit SRs for incarceration based on your DTRR files. DTRR data regarding incarceration is informational only and should be verified through another source before sending an SR to the State of Michigan. If you first identify an incarceration issue via the DTRR and later verify the information through another source, you **SHOULD** submit an SR following this guidance (Other source may include family, Care Coordinator, local newspaper, etc.)

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

Step 2: Caller Information – Enter the Last name, First name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG ×

Step 3: Plan Information - The correct plan ID must be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

Facility	
NPI#:	<input type="text"/> Ⓐ
Business Name:	<input type="text"/> Ⓐ
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/> Ⓐ
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	Click here →
Business Name:	<input type="text"/> Ⓐ
Plan Provider Id:	<input type="text"/>

Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

Business Name

Enter Query.

Business Name	Plan Provider Business	Start Date	End Date
1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#:

Business Name:

Facility Provider Id:

Fac Provider Type:

Fac Specialty:

Fac Sub-Specialty:

Plan

Business Name: MI Health Link Plan

Plan Provider Id: 1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE

Reason: ICO-INCARCERATION

Origin: HEALTH PLAN

Origin Format: REPORT

Priority: NORMAL

Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information

Type:★	ADMINISTRATIVE CHAI	▼
Reason:★	ICO-INCARCERATION	▼
Origin:★	HEALTH PLAN	▼
Origin Format:★	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status:★	OPEN	▼
Attachment Eviete:	<input type="checkbox"/>	

Step 5: Service Request Description – Insert the following criteria:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

CURRENT PET: <Insert PET>

MBI: <Insert MBI>

SOURCE OF INFORMATION: <How did the ICO find out about the incarceration?>

DATES OF INCARCERATION: <Incarceration effective date(s) and end date(s), if applicable>

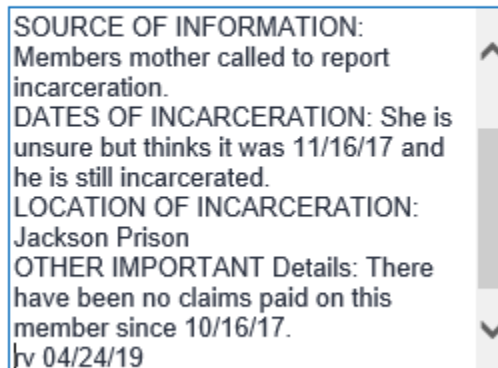
LOCATION OF INCARCERATION: <Insert location of incarceration>

OTHER IMPORTANT DETAILS: <Insert other important information about this case.>

<Please include your initials and date of request.>

Example:

Description:



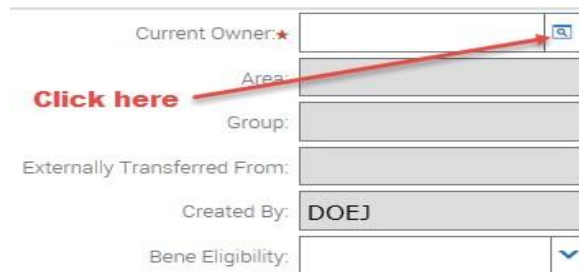
SOURCE OF INFORMATION:
Members mother called to report incarceration.
DATES OF INCARCERATION: She is unsure but thinks it was 11/16/17 and he is still incarcerated.
LOCATION OF INCARCERATION:
Jackson Prison
OTHER IMPORTANT Details: There have been no claims paid on this member since 10/16/17.
lv 04/24/19


Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:




Current Owner:★ 

Click here → Area:

Group:

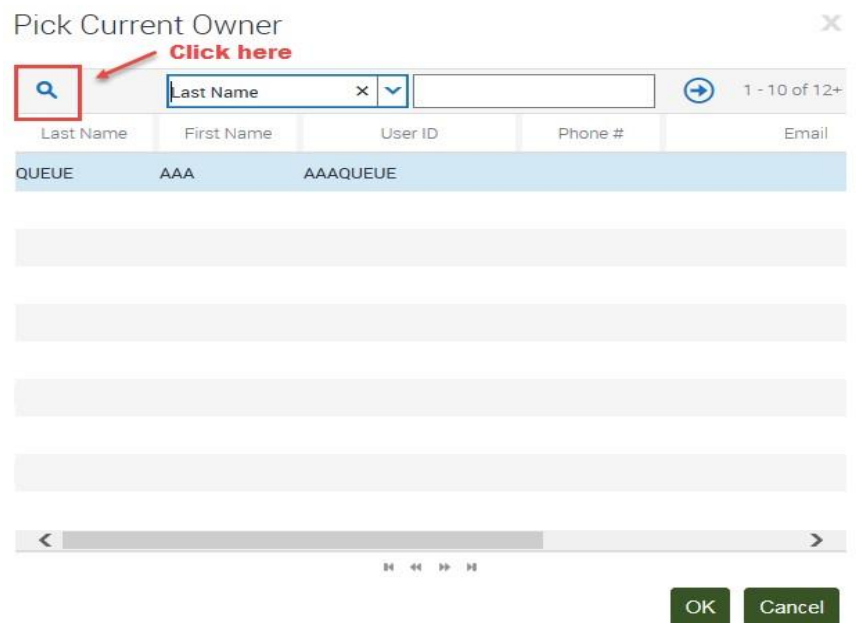
Externally Transferred From:

Created By: **DOEJ**





Bene Eligibility: 

Action 2 (Click on the magnifying glass to query for a user):


Example:





Pick Current Owner ✕

Click here →  Last Name    1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		



Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕ Last Name ▼ ➔ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< ⏮ ⏪ ⏩ ⏭ >

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍 Last Name ▼ ➔ 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< ⏮ ⏪ ⏩ ⏭ >

OK Cancel

ICO-DISCREPANCY

Any case that does not fit into one of the other types/reasons listed above should be submitted using ICO-DISCREPANCY.

Examples of discrepancies that would be submitted for this type/reason include but not limited to:




- 1) MARx (DTRR) shows enrollment in one business line but CHAMPS (834) shows enrollment in a different business line
- 2) Cases where the ICO has received more than one beneficiary ID for a single member. These cases are referred to as 'duplicate ID.' Please add DUPLICATE ID in Description box using CAPITAL LETTERS.
- 3) All other enrollment issues that are not specified under other headings.

NOTE: Please be aware that CMS/MDHHS has issued 'let lie' guidance for cases where system discrepancies occurred prior to 2/29/16. Please contact your ICO Liaison for more information regarding 'let lie' guidance.)

Only fill out the following portions of the SR:

Step 1: Individual Information – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

Example:

Individual		
Member Id:	1234567890	
Last Name:	DOUGH	
First Name:	JANE	
SSN#:	987654321	
MI Child Id:		
Date of Birth:	1/1/1911	

Step 2: Caller Information – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

Step 3: Plan Information - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

Facility	
NPI#:	<input type="text"/> 
Business Name:	<input type="text"/> 
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/> 
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	<input type="text"/> 
Plan Provider Id:	<input type="text"/>

Click here 

Action 2 (Enter Plan Provider ID):

Pick Plan

Business Name

Enter Query:

Business Name	Plan Provider Business	Start Date	End Date
1112233			

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#:

Business Name:

Facility Provider Id:

Fac Provider Type:

Fac Specialty:

Fac Sub-Specialty:

Plan

Business Name: MI Health Link Plan

Plan Provider Id: 1112233

Step 4: Description Information - Plan must select the following criteria from the drop-down boxes as illustrated below:

Type: ADMINISTRATIVE CHANGE

Reason: ICO-DISCREPANCY

Origin: HEALTH PLAN

Origin Format: REPORT

Priority: NORMAL

Status: OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email MDHHS-MHL-SR-ASSISTANCE@michigan.gov so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type★	ADMINISTRATIVE CHAN ▼
Reason★	ICO DISCREPANCY ▼
Origin★	HEALTH PLAN ▼
Origin Format★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status★	OPEN ▼

Step 5: Service Request Description – Insert the following criteria, as well as any other important information about the case:

CHAMPS: dd/mm/yy- dd/mm/yy

MARx: dd/mm/yy- dd/mm/yy

CURRENT PET: <Insert PET>

MBI: <Insert MBI>

OTHER: <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

Description:

CHAMPS: 09/01/18-ongoing w/H0192
MARx: 09/01/18-ongoing w/ H5926
CURRENT PET: ICO-COMM
MBI: <Insert MBI>
OTHER: CHAMPS shows an ICO plan
but Marx does not.
rx 04/24/19|

Step 6: Current Owner – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman (hinmanL@Michigan.gov) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:


Current Owner:★	<input type="text"/>	<input type="button" value="a"/>
Area:	<input type="text"/>	
Group:	<input type="text"/>	
Externally Transferred From:	<input type="text"/>	
Created By:	DOEJ	
Bene Eligibility:	<input type="text"/>	<input type="button" value="v"/>

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

Click here

 ✕ ▼ ➡ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

< > ⏪ ⏩

OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➡ ✕ ▼ ➡ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< > ⏪ ⏩

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

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